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7590 09/08/2008

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<u>Michele Hofherr</u>	(Depositor's name)
	(Signature)
<u>December 5, 2008</u>	(Date)

12/09/2008 CCHAU2 00000052 10761150

01 FC:1504 300.00 OP
 02 FC:2501 755.00 OP
 03 FC:1001 75.00 OP

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/761,150	01/20/2004	Jose Manuel Andreu Morales	1379-1-022	1559

TITLE OF INVENTION: METHOD OF DETECTING AND ANALYZING PACLITAXEL-MIMETIC COMPOUNDS

12/09/2008 CCHAU2 00000053 10761150

01 FC:1504 300.00 OP	02 FC:2501 755.00 OP	03 FC:8001 30.00 OP	TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	XXXX	\$755.00	\$300	\$0	XXXX	\$1,085.00	12/08/2008	

EXAMINER	ART UNIT	CLASS-SUBCLASS
FETTEROLF, BRANDON J	1642	435-007210

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Klauber & Jackson, LLC

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Jose Manuel Andreu Morales

Spain

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
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- ☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 1-1153 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

J. David Smith

Date December 5, 2008

Typed or printed name

J. David Smith

Registration No. 39,839

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